



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration – Region IV

Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303 - 8909

August 22, 2001

Mr. Mark Trail, Acting Director
Georgia Department of Community Health
Division of Medical Assistance
2 Peachtree St., NW
Atlanta, GA 30303

Dear Mr. Trail:

I am pleased to inform you that your request for renewal of your Medicaid home and community based services waiver for the severely physically disabled and traumatic brain injured, as authorized under the provisions of Section 1915(c) of the Social Security Act, has been approved for the period April 1, 2001, through March 31, 2006. This waiver renewal has been assigned control number 4170.90.R1. This number should be used in all future correspondence regarding this program.

Specifically, you submitted a request to provide case management, personal care services, respite care, adult day health, physical therapy, occupational therapy, environmental accessibility adaptation, speech therapy, skilled nursing, vehicle adaptations, specialized medical equipment and supplies, personal emergency response systems, counseling, and behavior management services to individuals who would otherwise require the level of care provided in a nursing facility or hospital.

Based on the renewal application, your response to our request for additional information and the assurances you provided, we have concluded that the renewal request fully conforms to statutory and regulatory requirements. The temporary extensions granted on this waiver request will be subsumed into the first year of the waiver renewal period. The following estimates of utilization and cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>	<u>Total Expenditures</u>
1 (04/01/01-03/31/02)	560	\$49,727	\$27,846,978
2 (04/01/02-03/31/03)	700	\$51,377	\$35,963,835
3 (04/01/03-03/31/04)	750	\$55,560	\$41,670,098
4 (04/01/04-03/31/05)	800	\$56,614	\$45,291,187
5 (04/01/05-03/31/06)	850	\$57,015	\$48,462,745

November 8, 2002

We appreciate the effort and cooperation provided by you and your staff. If you have questions or need additional information, please contact Marsha Montague at (404) 562-7506.

Sincerely,

Eugene A. Grasser
Associate Regional Administrator
Division of Medicaid and State Operations